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north dakota  
**department of  
human services**

**HOME AND COMMUNITY BASED SERVICES  
PLANNING PROJECT SURVEY**

**RESULTS**

**APRIL 2006**

**COMPILED JUNE 2006**

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## INTRODUCTION

Periodically, the North Dakota Department of Human Services, Medical Services Division conducts a Home and Community Based Services Planning Project survey in order to plan for services that will assist older persons and persons with disabilities to remain at home. In 2006, thirteen public meetings were conducted between April 3 and April 27, including one in each of the eight regions and at each Indian reservation. The schedule of these meetings is shown below.

| Date          | Location                | Number of Participants |
|---------------|-------------------------|------------------------|
| April 7       | Region I - Tioga        | 35                     |
| April 6       | Region I - Trenton      | 21                     |
| April 18      | Region II - Minot       | 14                     |
| April 4       | Region II - New Town    | 27                     |
| April 26      | Region III - Rolla      | 44                     |
| April 24      | Region III - St Michael | 67                     |
| April 25      | Region III - Belcourt   | 36                     |
| April 20      | Region IV - Grafton     | 25                     |
| April 21      | Region V - Embden       | 44                     |
| April 19      | Region VI - Jamestown   | 33                     |
| April 27      | Region VII - Bismarck   | 81                     |
| April 10      | Region VII - Fort Yates | 44                     |
| April 3       | Region VIII - Dickinson | 36                     |
| <b>TOTALS</b> | <b>13 HEARINGS</b>      | <b>507</b>             |

Surveys were made available at these meetings to be filled out by attendees, who were encouraged to complete one before leaving. If they were not able to finish the survey at the meeting, they were given a self-addressed stamped envelope so they could take it home and mail it back to the Division when finished. Surveys were also sent to the homebound with a self-addressed stamped envelope. A total of 1,106 surveys were returned to Aging Services.

The survey consisted of twenty-four questions, each referring to a different type of task or service that the respondents felt would be important for them to remain in their own homes. The twenty-fourth question asked respondents for any other services they felt were important that were not on the list. The following table displays the questions on the survey. The left column lists the task or service, with examples following in the right column. A copy of the complete Home and Community Based Services Planning Project survey can be found in Appendix B.

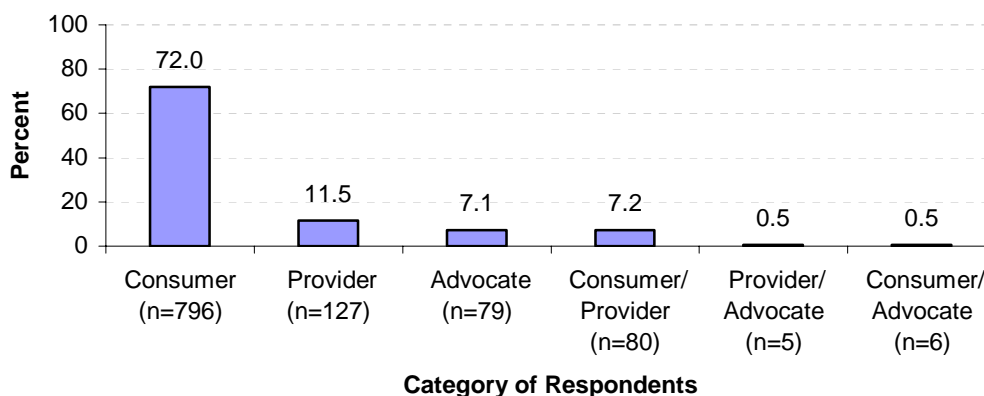
This report will discuss the results of these surveys by first looking at an overall statewide view of the responses. Second, the results will be broken down by region, and finally, by reservation/Indian Service Area.

|   |  |
|---|--|
| <b><i>You may not need assistance with these tasks or services now, but if you did, which would be most important to allow you to remain in your own home. Please mark those items:</i></b> |  |
| <b>1. HOMEMAKER</b>   | Routine house cleaning, laundry, shopping  |
| <b>2. CHORE SERVICES</b>  | Heavy housework, carpet cleaning, snow shoveling   |
| <b>3. LIFELINE/CALL SYSTEMS</b>   | Button to press to call for help in an emergency   |
| <b>4. HOME SAFETY ASSESSMENT</b>  | Evaluation of your house for safety hazards  |
| <b>5. MEAL PREPARATION</b>  | Assist by cooking the meals in your house  |
| <b>6. HOME DELIVERED MEALS</b>  | Meals delivered to your house  |
| <b>7. PERSONAL CARE</b>   | Bathing, dressing, transferring, toileting, helping with eating  |
| <b>8. MEDICATION MANAGEMENT &amp; ADMINISTRATION</b>  | Assistant gives your medicine to you   |
| <b>9. SKILLED PERSONAL CARE</b>   | Blood sugar check, tracheotomy care, ventilator care, tube feeding   |
| <b>10. SUPERVISION</b>  | Someone watches over you to keep you safe  |
| <b>11. NON-MEDICAL TRANSPORTATION</b>   | A ride to get food, clothing, banking, post office, etc.   |
| <b>12. MEDICAL TRANSPORTATION</b>   | A ride to the doctor, medical appointments   |
| <b>13. GENERAL TRANSPORTATION</b>   | A ride to church, social events, visit friends   |
| <b>14. RESPITE CARE</b>   | Someone to stay with the person to give the caregiver a break  |
| <b>15. COMPANION SERVICE</b>  | Someone to visit with you and/or escort you to community activities  |
| <b>16. TRANSITIONAL CARE</b>  | Teaching how to take a bath, dress correctly, shop for needed items  |
| <b>17. RELOCATION ASSISTANCE</b>  | Payment for rental deposit, telephone hookup, needed household items so a person who has been living in an institution can live in the community                       |
| <b>18. RELOCATION COORDINATOR</b>   | Assistance for a person who is moving from an institution to help find an apartment, shop for household items, make calls to get heat, telephone, and lights hooked up |
| <b>19. SUPPORTED EMPLOYMENT</b>   | On the job supervision/training for persons with severe disabilities   |
| <b>20. BUDGET MANAGEMENT</b>  | Help with paying bills and making business telephone calls   |
| <b>21. HOME-BASED OMBUDSMAN SERVICE</b>   | Assistance in resolving disagreements between the person who is receiving the service and the service provider   |
| <b>22. FAMILY HOME CARE</b>   | Payment for care and services provided by a family member or a legally responsible person  |
| <b>23. CONSUMER DIRECTED CARE</b>   | The person who is receiving the services manages the hiring, firing, and training for caregivers   |

## STATEWIDE

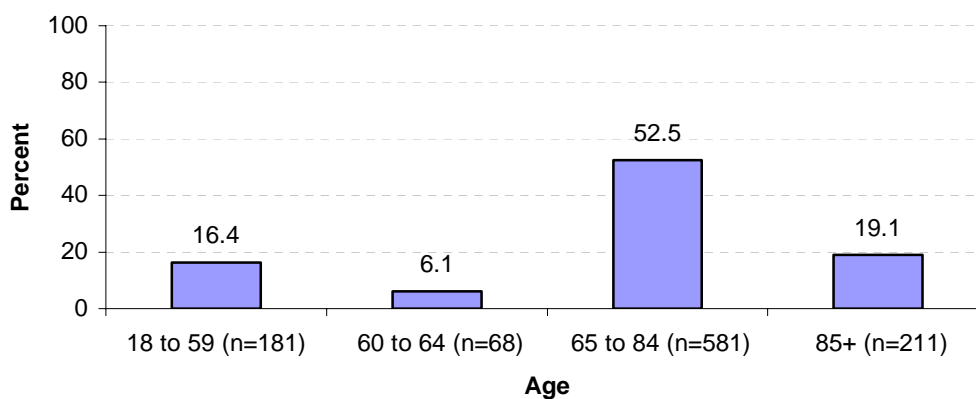
The following graphs give an overview of the respondents on a statewide level. The total number of respondents is given in the heading of each graph, while the number of persons reporting each response follows the category title.

**Figure 1. Percent of Respondents by Category, n = 1,106**



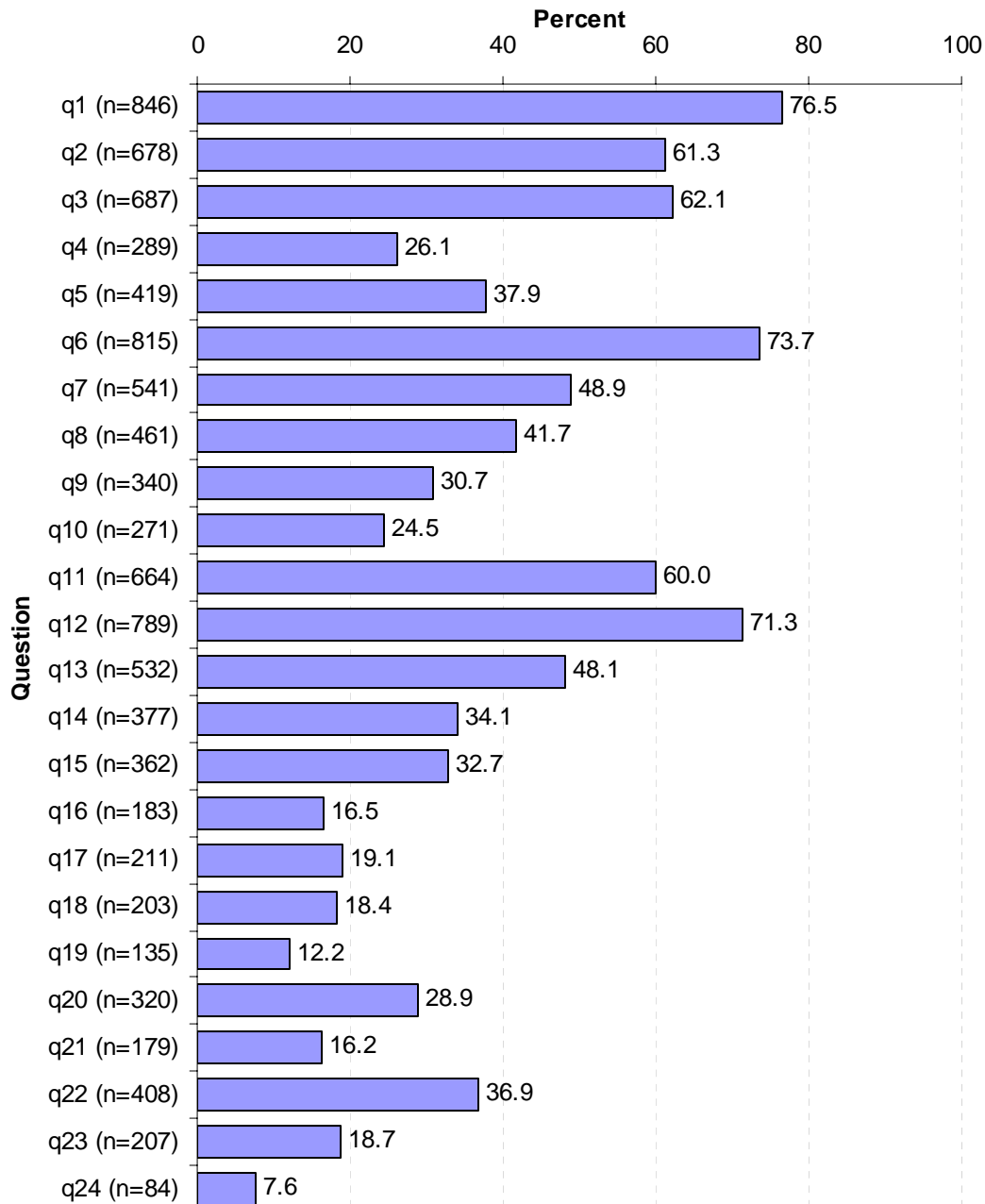
The majority of respondents to the survey fell into the “Consumer” category, with 72%. Five respondents reported that they were both a Provider and Advocate, while six reported being both a Consumer and Advocate.

**Figure 2. Percent of Persons by Age, n = 1,106**



Approximately half of all respondents (52.5%) were between 65 and 84 years old, the highest percentage of any age group. There were no respondents under the age of 18.

**Figure 3. Percent of Respondents Who Indicated that Each Service Would Be Important, n = 1,106**

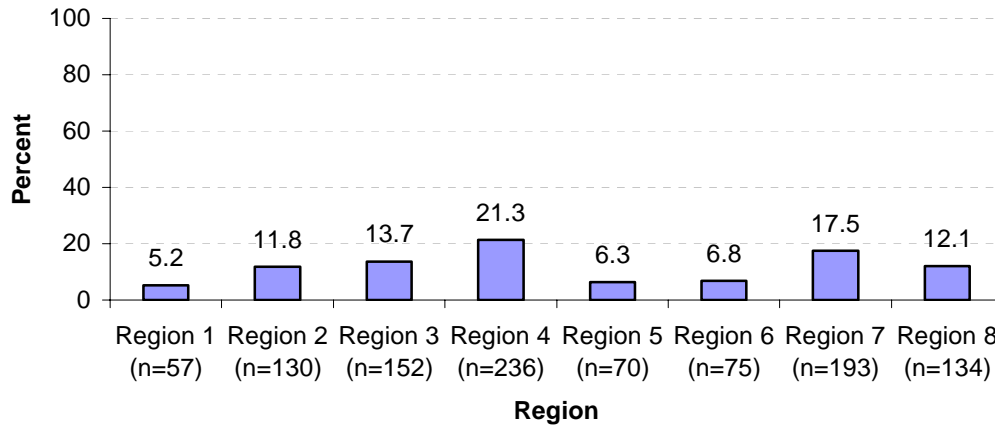


The three questions that received the highest percentage of responses were Homemaker (q1) with 76.5%, Home Delivered Meals (q6) with 73.7%, and Medical Transportation (q12) with 71.3%. The question that received the lowest percentage was Supported Employment (q19) with 12.2%.

## REGIONAL

The following graphs give an overview of the respondents on a regional level, including reservations and Indian Service Areas. The total number of respondents is given in the heading of each graph, while the number of persons reporting each response follows the category title.

**Figure 1. Percent of Total Respondents by Region, n = 1,106**



Region 4 had the highest number of respondents, with 21.3% of the total. The fewest came from Region 1, with 5.2%. Fifty-nine respondents (5.3%) did not report a county or reservation/Indian Service Area of residence.

**Figure 2. Percent of Respondents by Region, n = 1,047**

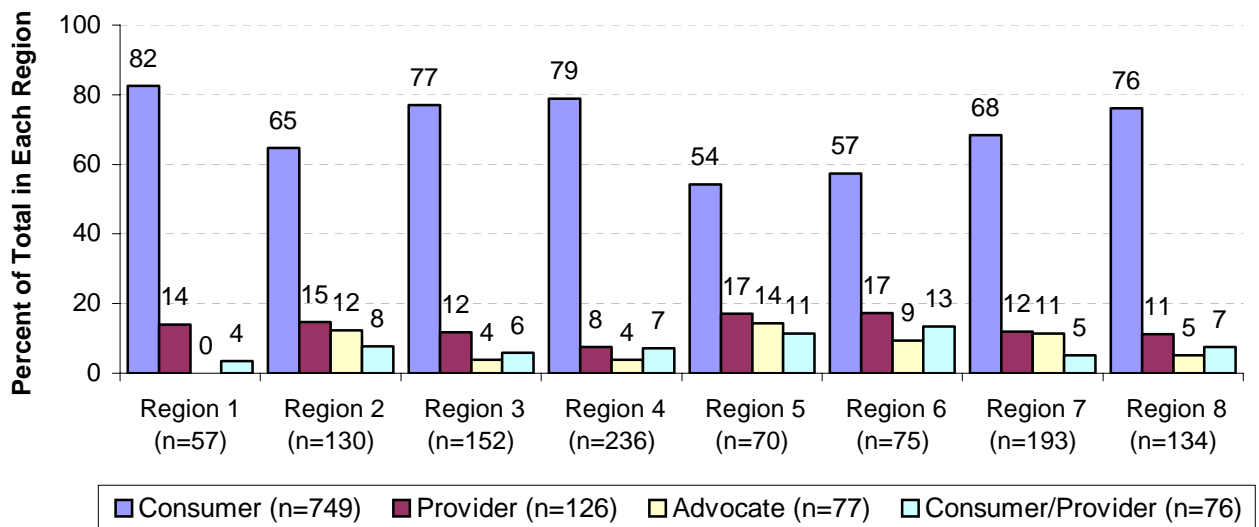


Figure 2 illustrates the percent of people in each respondent category from each region. For example, of the 57 respondents from Region 1, 82% were consumers, 14% were providers, etc. This helps to compare the type of respondents from region to region.

**Figure 3. Percent of Respondents' Age by Region, n = 988**

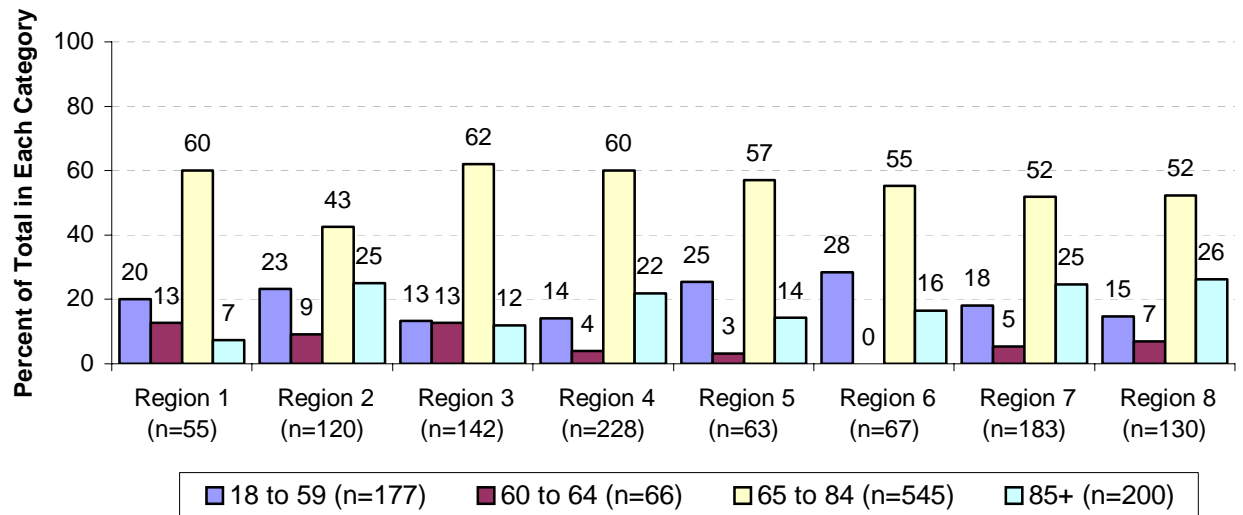
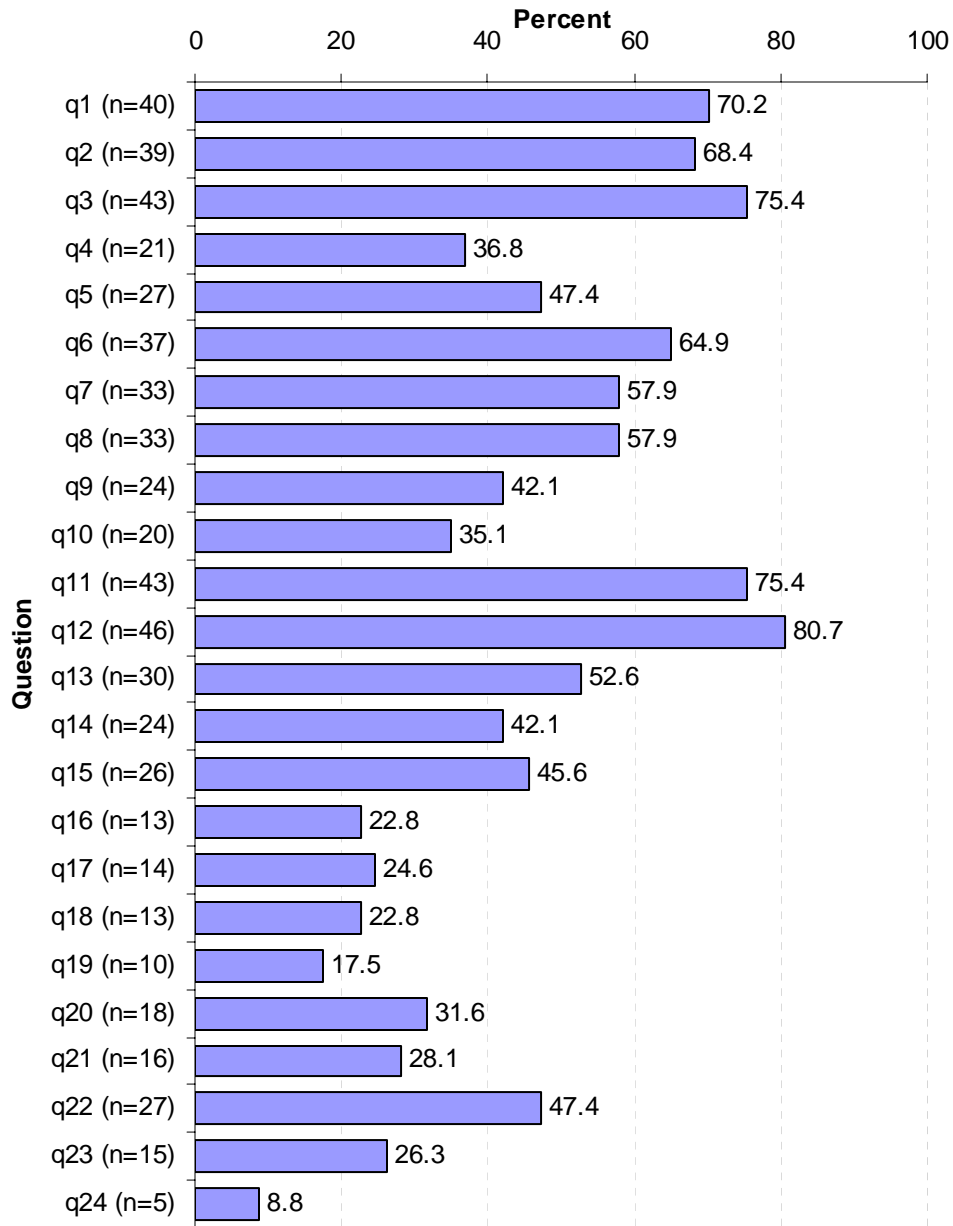


Figure 3 shows the percent of people in each age category from each region. For example, of the 55 respondents from Region 1, 20% were age 18 to 59, 13% were age 60 to 64, etc. This helps to compare the ages of respondents from region to region.

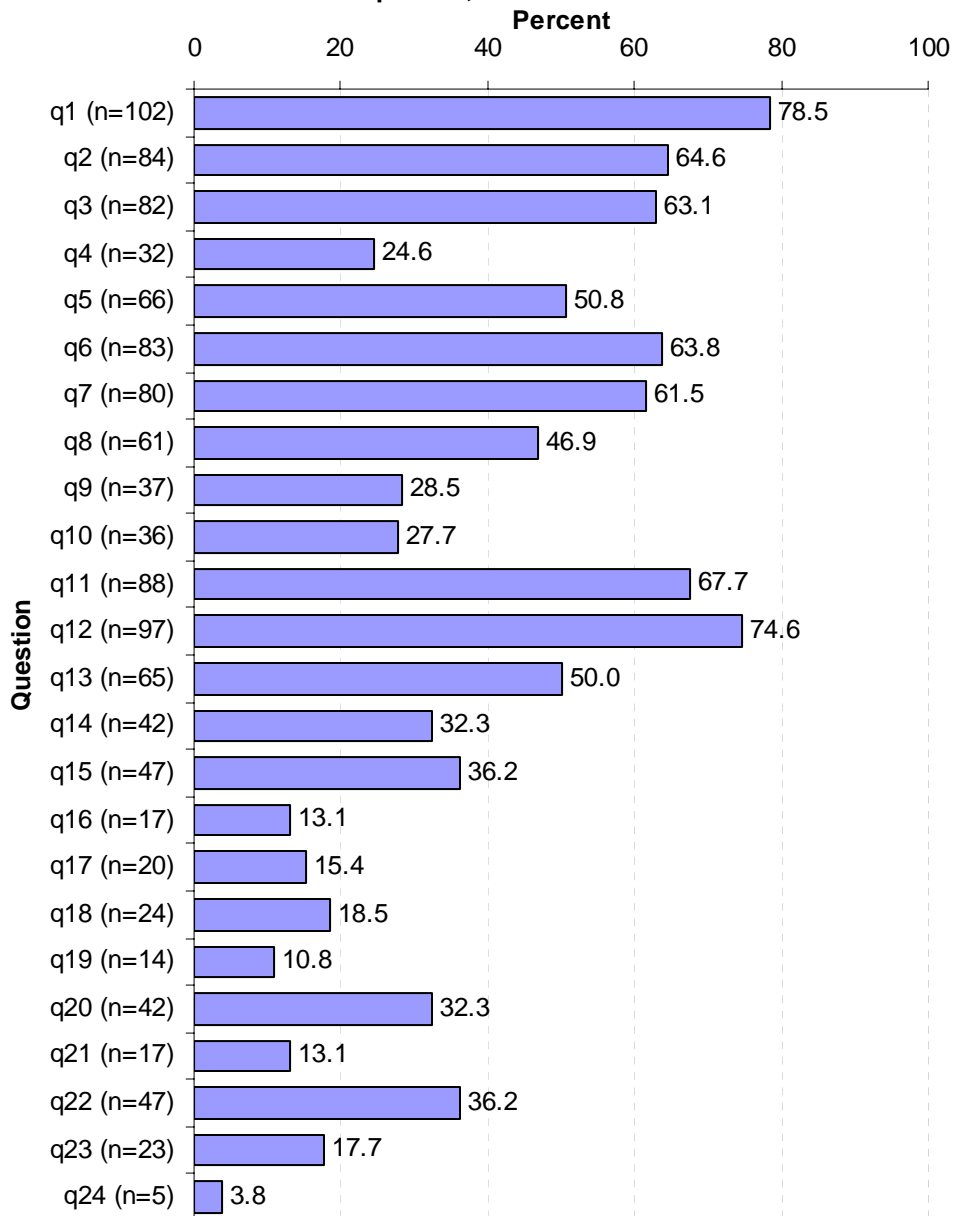
Figures 4 through 11 on the following pages show how respondents answered the survey questions in each of the eight regions.



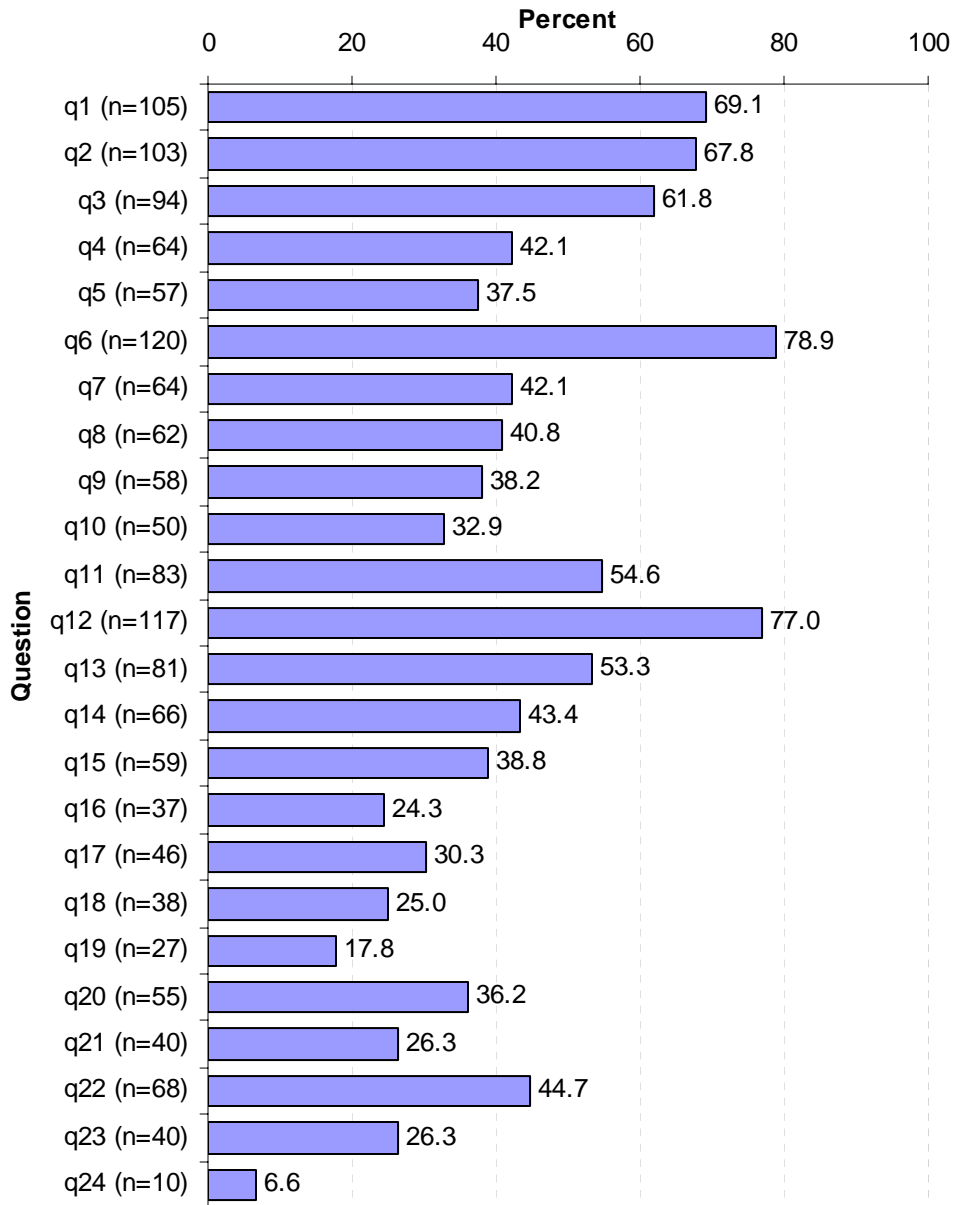
**Figure 4 - Region 1: Percent of Respondents Who Indicated that Each Service Would be Important, n = 57**



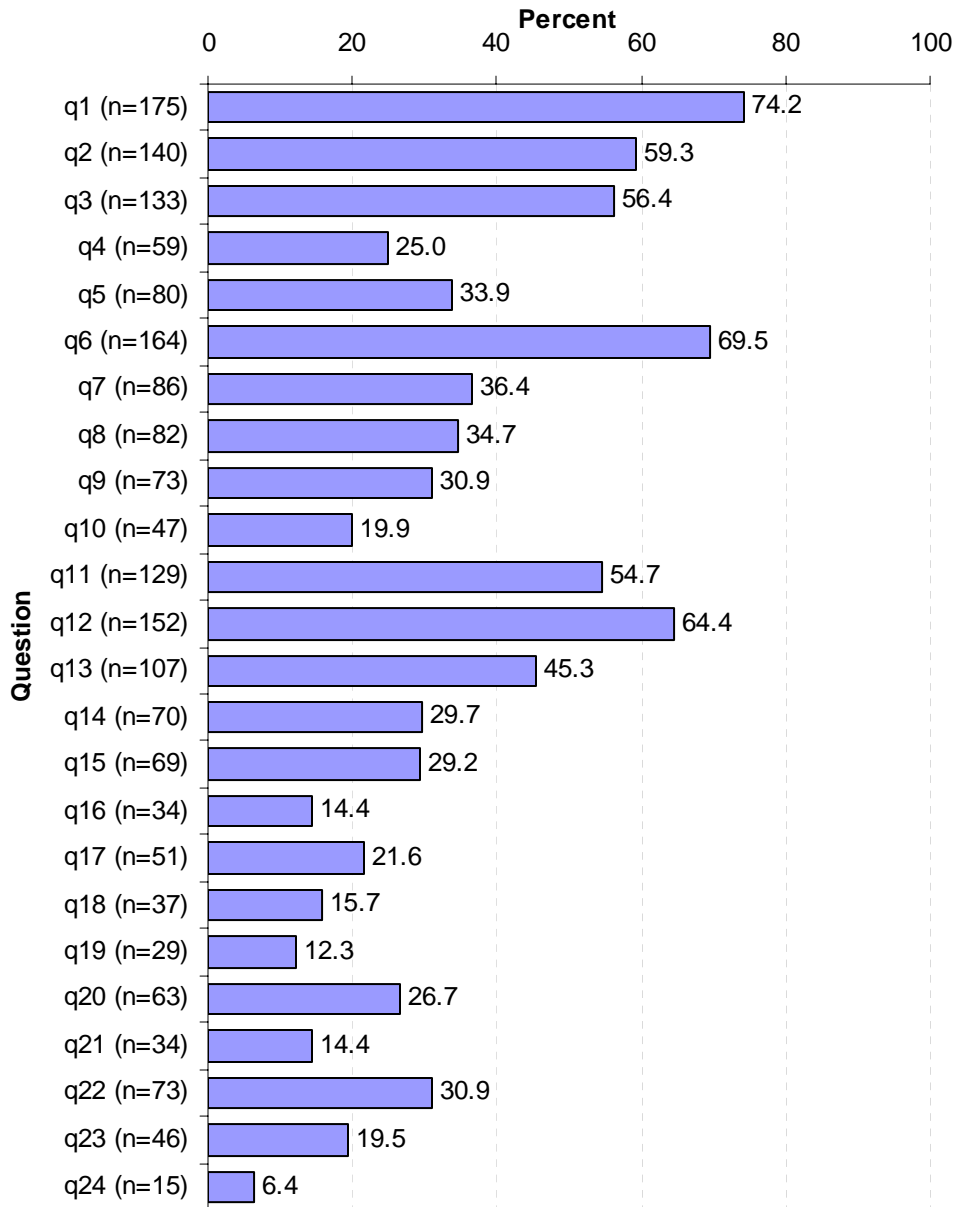
**Figure 5 - Region 2: Percent of Respondents Who Indicated that Each Service Would Be Important, n = 130**



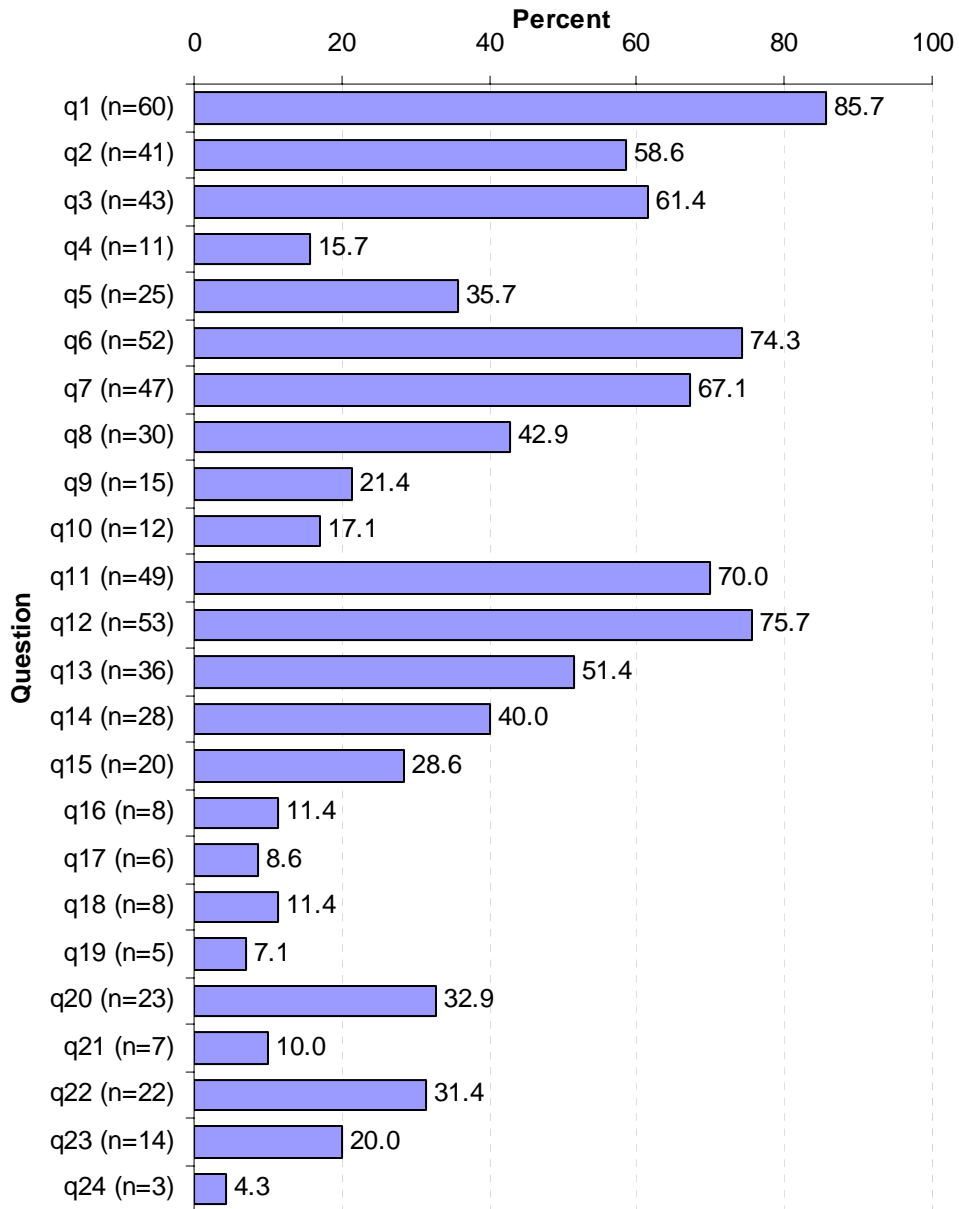
**Figure 6 - Region 3: Percent of Respondents Who Indicated that Each Service Would Be Important, n = 152**



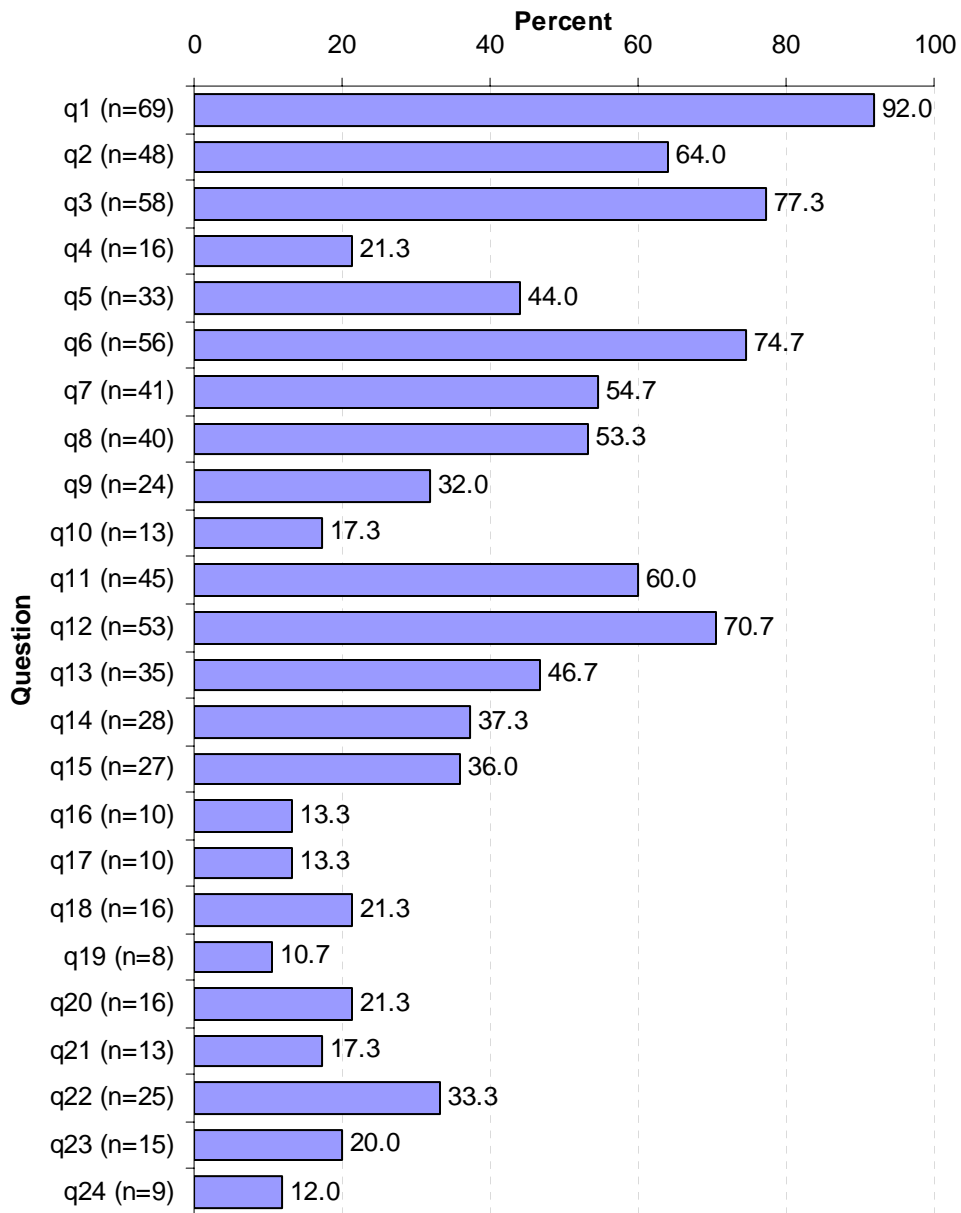
**Figure 7 - Region 4: Percent of Respondents Who Indicated that Each Service Would Be Important, n = 236**



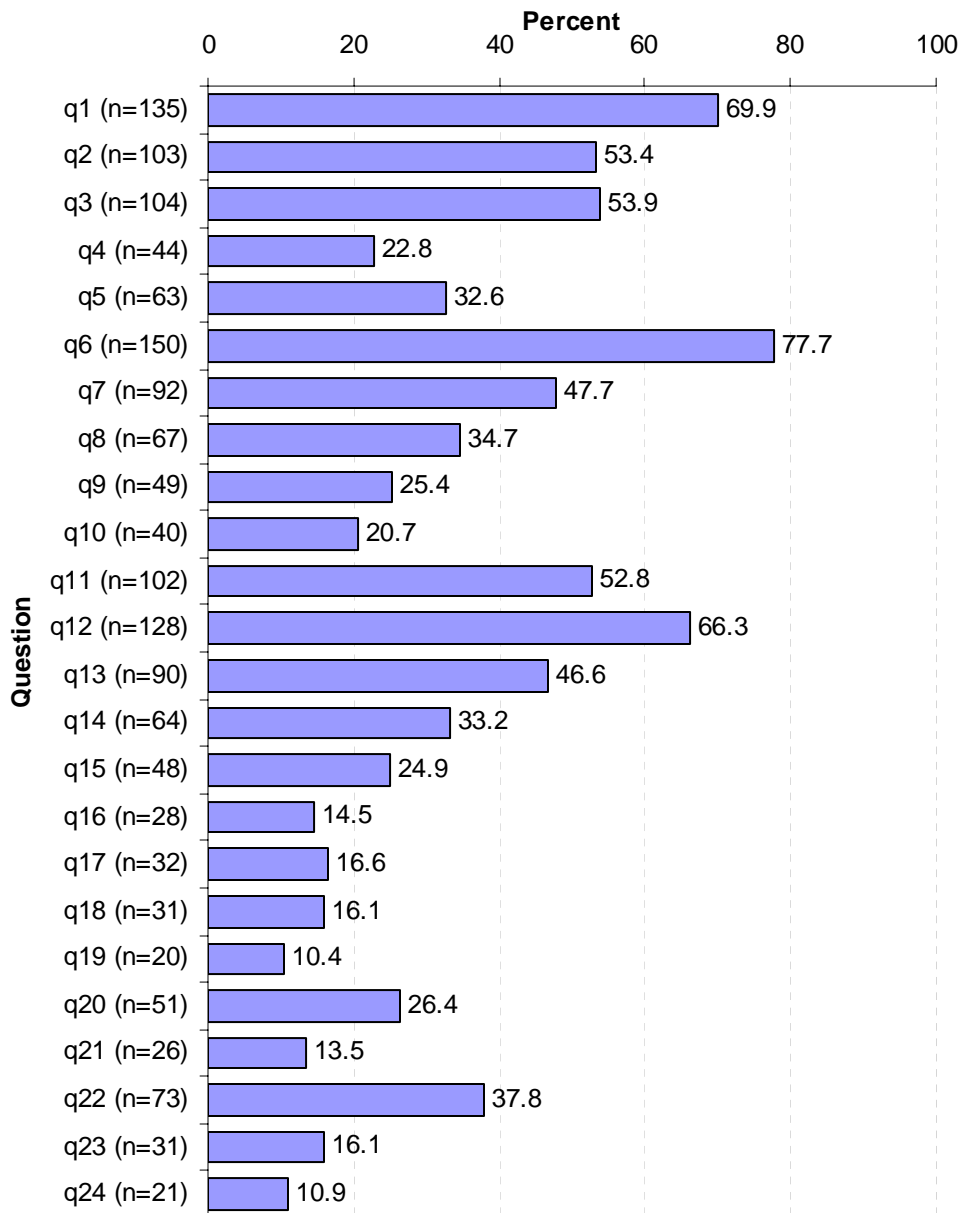
**Figure 8 - Region 5: Percent of Respondents Who Indicated that Each Service Would Be Important, n = 70**



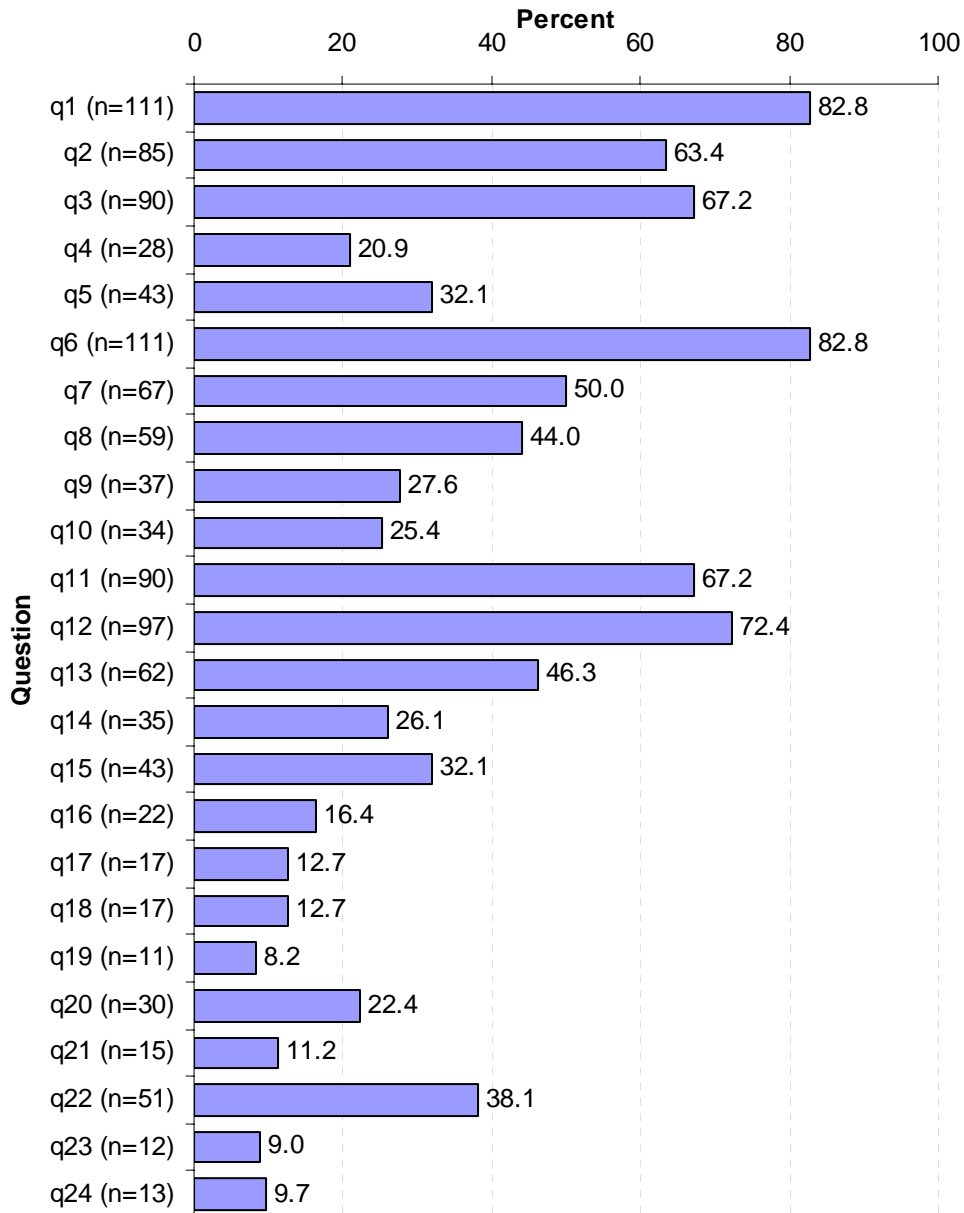
**Figure 9 - Region 6: Percent of Respondents Who Indicated that Each Service Would Be Important, n = 75**



**Figure 10 - Region 7: Percent of Respondents Who Indicated that Each Service Would Be Important, n = 193**



**Figure 11 - Region 8: Percent of Respondents Who Indicated that Each Service Would Be Important, n = 134**

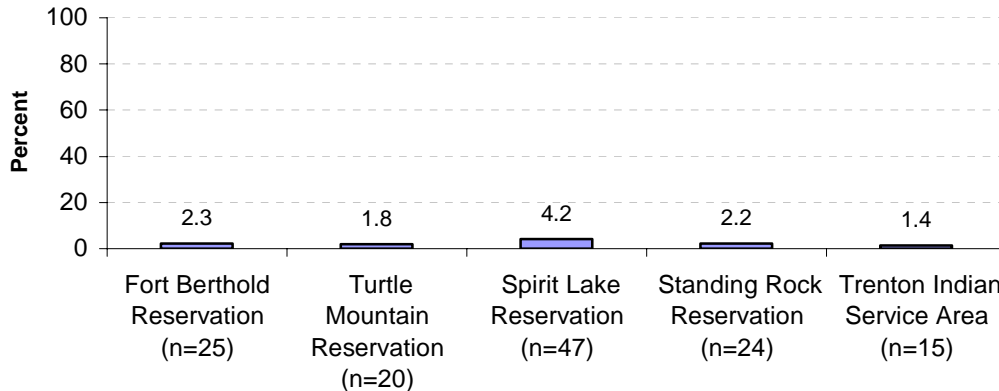




## RESERVATION/INDIAN SERVICE AREA

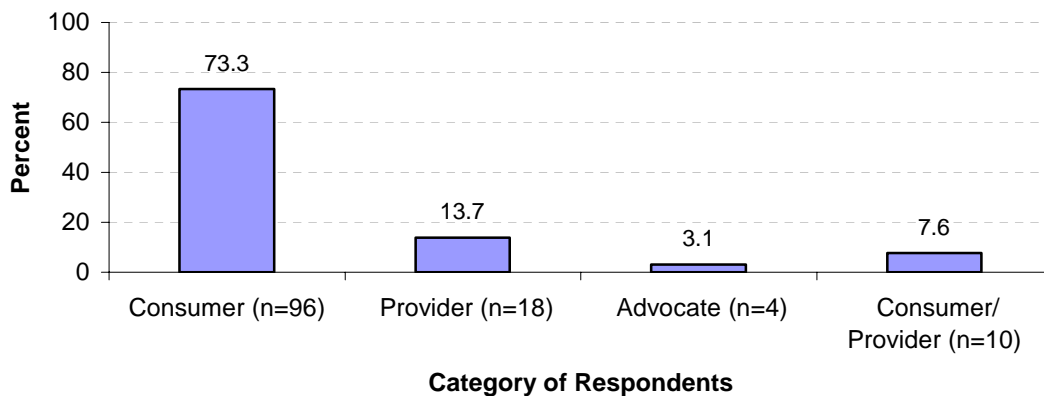
Of the 1,106 respondents, 131 (11.8%) reported residing on a reservation or in an Indian Service Area. Spirit Lake Reservation had the highest percentage with 4.2% of respondents.

**Figure 1. Percent of Respondents from Reservation or Indian Service Area, n = 1,106**



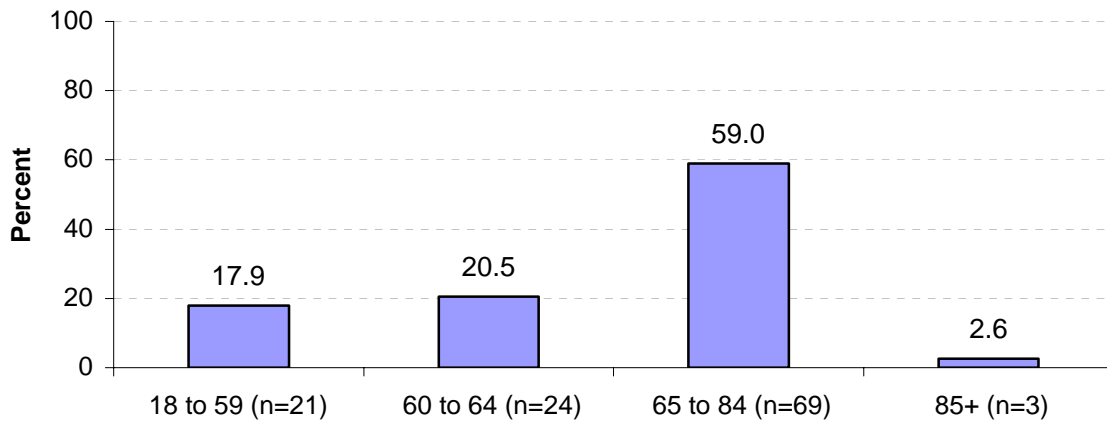
The following graphs show a summary of the 131 respondents who reported residing on a reservation or Indian Service Area. Given the small number from each area, they have been combined in these graphs.

**Figure 2. Percent of Total Respondents by Category from Each Reservation/Indian Service Area, n = 131**



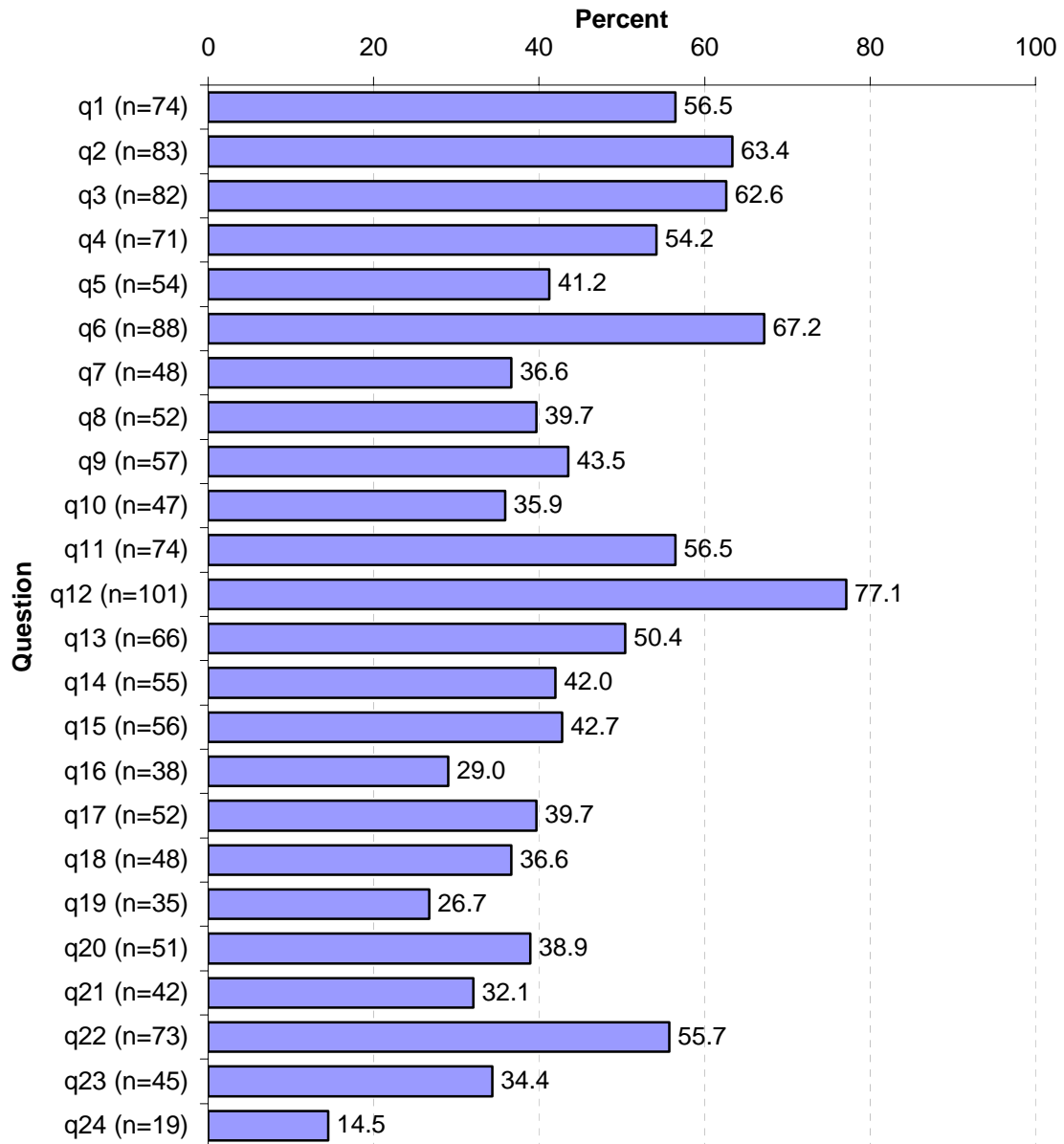
One respondent reported being both a Provider and Advocate, and one reported being both a Consumer and Advocate.

**Figure 3. Percent of Respondents by Age from Reservation/Indian Service Area, n = 117**



Of those who reported residing on a reservation or Indian Service Area, Figure 4 on the following page illustrates the percent of respondents who indicated that each task or service would be important to allow them to remain in their own homes.

**Figure 4. Percent of Respondents from Reservation/Indian Service Area Who Indicated that Each Service Would Be Important, n = 131**



## **APPENDIX A**

### **COMMENTS FROM QUESTION 24**

## COMMENTS

The comments given by respondents in question 24 are listed in the following section. Of the 1,106 respondents, 93 had comments. Since many of these comments cover more than one question/category on the survey, as well as various other topics, they have been listed here in alphabetical order according to the first word in the comment. In keeping with accuracy, the comments were typed just as they were written, including spelling, punctuation, and grammar.

|   |
|---|
| ADEQUATE PAY/REIMBURSEMENT FOR PERSONAL CARE PROVIDERS, FAMILY CAREGIVER SUPPORT PROGRAM  |
| ADULT FAMILY FOSTER CARE  |
| AFFORDABLE ASSISTED LIVING  |
| ALLOW MORE SERVICE ANIMALS THAT CAN PROVIDE COMPANIONSHIP AND UNCONDITIONAL LOVE SO LIFE ISN'T SO LONELY FOR PEOPLE THAT HAVE DIFFICULTY GOING OUT OF THE HOME. PETS ARE MORE BENEFICIAL THAN OTHERS REALIZE. HAVING AN ANIMAL CAN EASE DEPRESSION AND BE A REASON TO GET UP EVERY DAY. |
| AM CAREGIVER FOR ALZHEIMERS HUSBAND IN OUR HOME   |
| ANY OLDER PERSON NEEDS TO BE CHECKED ON BY A PERSON THAT KNOWS SOMETHING  |
| ASSISTANCE NEEDED DEPEND A LOT ON THE NEEDS OR STATIES OF THE INDIVIDUAL AND IF THEY HAVE FAMILY NEAR BY  |
| ASSISTED LIVING AT PRESENT  |
| ASSISTIVE TECHNOLOGY ASSESSMENT AND FUNDING TO MAKE CHANGES RECOMENDED FOR THOSE WHO NEED FINACIAL CRITERIA. SEE HARD COPY  |
| AT THE PRESENT TIME I DO NOT NEED ANY OF THE ABOVE SERVICES BUT COULD IN THE FUTURE   |
| BE ON MEDICARE/ MEDICAIDE   |
| BLOOD PRESSURE CHECK  |
| CARE GIVER SERVICES BE PAID MORE  |
| CUT GRASS, LITE REPAIR WORK   |
| DAUGHTER DOES YARD WORK MOWING GARDENING HELPS MOVE FURNITURE FOR DUSTING AND VACUUMING BEHIND  |
|   |
| ESCORT TO MEDICAL   |
| EXERCISE, PHYSICAL THERAPY TO STAY IN SHAPE, SPIRITUAL, MENTAL HEALTH, NUTRITION CUT MEDS NEED  |
| EXPERIENCE WORKS AND CHORE SERVICES ALSO  |
| EYE CARE PAY FOR TRANSPORATION TO GROCERIES CLINIC SOME CHARGE SO MUCH PRESENTLYM ONE CAN'T AFFORD THEM   |
| FAMILY HOME CARE PROVIDERS SHOULD BE PAID MORE & RESPITE CARE NEEDS TO BE REEVALUATED FOR OCCASIONALLY EXTENDED (48 HR) PERIODS & MORE THAN 8 HRS IN A DAY.   |
| FINANCIAL   |
| GROCERY DRUG STORE DELIVERY SERVICES  |
| HELP WITH DECISIONS ABOUT DAILY PROBLEMS  |
| HELPS FOR HARD TO SEE EYE PROBLEMS  |
| HOME HEALTH NOT JUST FOR HOME BOUND   |

|  |
|--|
| HOME MODIFICATION FOR SAFETY - ENERGY EFFICIENCY   |
| HOMW DIALYSIS NEEDS TO BE ADDRESSED THIS IS GIVEN FOUR TIMES A DAY IN MOST CASES AND IS TRAINING INTENSIVE   |
| HOSPICE  |
| I'AM CURRENTLY GETTING THE ABOVE MARKED DIAGNOSED AS DISABLED  |
| I'AM WELL ABLE TO LOOK AFTER MYSELF THIS TIME BUT AS TIME GOES ON WHO KNOWS  |
| I'D LIKE TO SEE SOME WORKSHOPS FOR PROVIDERS TO BE UPDATED ON NEW IDEAS IN THE IN-HOME HEALTH FIELD. WE SIT OUT HEAR ALONE & ALL THE COUNTY JOBS GET SENT TO CONFERENCES AND GET IT PAID FOR AND WE HAVE TO PAY OUR OWN WAY. AND WE DO NOT GET ANY MILEAGE - NO PD. CONFERENCE MEETINGS - NO VACATIONS. NO. DAK. HUMAN SERVICES SHOULD SERVICE ALL THE HEALTH CARE PROVIDERS THE SAME. WHY SINGLE US PRIVATE CONTRACTORS OUT? WE NEED TO BE KEPT IN TUNE WITH WHAT'S GOING ON OUT THERE IN THE MEDICAL HOME HEALTH FIELD INSTEAD WE ARE LEFT OUT OF EVERYTHING AND THEN IF WE GO WE PAY FOR ALL THE DAYS OF A CONFERENCE AND WE CAN ONLY GO 1 DAY AND EVERYONE ELSE GETS THEIR REGISTRATION PAID FOR BY THEIR EMPLOYER. WELL, AS A QSP I FEEL I'M AN EMPLOYER OF THE NO. DAK. DEPT. OF HUMAN SERVICES, TOO. SO I'D LIKE TO SEE SOME CONSIDERATION TOO - TO THE SYSTEM. IT WAS BROUGHT TO MY ATTENTION BY A SENIOR CITIZEN THAT THERE WERE NO QUESTIONS ON OTHER SIDE ABOUT EYE PROBLEM HELPS - SURVEYS SHOULD COVER ALL ASPECTS OF THE CONSUMER. MANY NEED SPECIAL HELPS IN MANY AREAS. SO THEY CAN BE DEPENDENT IN THEIR HOMES. |
| I ALREDY HAVE NO ONE THREE SIX SEVEN AND NINE  |
| I HAVE SOCIAL SECURITY I'M ALL RIGHT   |
| I LIVE WITH MY DAUGHTER AND HAVE ALL THE CARE I NEED I'M IN MY OWN HOME  |
| I MAY NEED ALL OF THESE GREAT SERVICES.  |
| I NEED A HOME IF I HAD ONE I WOULD NEED NONE OF THE ABOVE NO ASSISSTANCE   |
| I THINK THAT THERE COULD BE MORE HELP FOR PEOPLE TO STAY IN THEIR HOMES  |
| I THINK THE MAIN TASKS THAT WOULD ALLOW PEOPLE TO REMAIN IN THEIR HOMES ARE OFTEN THE TASKS THAT WE CANNOT AUTHORIZE AS CASE MANAGERS. SOMEONE TO COME IN 1-2X/DAY TO DO COOKING & CHECK ON MEDS WOULD BE HELPFUL (ONLY COVERED UNDER MSP). MOST IMPORTANT TASK MISSING IS ABILITY TO TAKE TO DOCTOR APTS. & OTHER TRANSPORTATION NEEDS. WHAT IS PROVIDED IN BASIC CARE, SHOULD BE ABLE TO BE AUTHORIZED AT HOME.  |
| IF I GET SO BAD I SHOULD BE PUT INTO A HOME THAT HAS ALL OF THIS FOR ME  |
| IN A RE-INBURSEMENT FOR PROVIDERS  |
| INCREAS PAYMENT TO QSP'S   |
| INCREASE IN WAIVER SLOTS!!!  |
| LACK OF QUALIFIED ARE PROVIDERS AND POOR PAY FOR PROVIDERS   |
| LIFE LINE? SERVICE TOO CHURCH  |
| MAKING SURE AN INDIVIDUAL GETS PAID FOR THERE TIME TAKING TO APPOINTMENT   |
| MANY OF THE MOST IMPORTANT TASKS TO KEEP PEOPLE IN THEIR HOMES WE ARE NOT ABLE TO PROVIDE DUE TO PROGRAM RESTRICTIONS  |
| MEDICATION PLANNER TO SORT DAILY PLANNER ON MEDICATION   |
| MEDICATION SETUP IN HOME NURSE ASESMENT ROUTINELY PROBS CHRONIC CONDITIONS   |
| MORE FUNDS FOR ELDER PROGRAMS WE PAY TAX TOO   |
| NEED FOR FUNDING OF SPECIALIZED EQUIPMENT  |
| NEED HELP IN WRITING OUT CHECKS AND BALANCING THE CHECK BOOK.  |
| NEED TO RAISE PAYMENT Q.SP   |
| NEIGHBERS ARE ARE VERY GOOD  |

|   |
|---|
| NIGHT DRIVER TRANSPORTATION   |
| NIGHT TRANSPORTATION  |
| NONE  |
| NUMBER TWENTY-TWO NEED TO ALSO BE AVAILABLE FOR DISABLED INDIVIDUALS OVER THE AGE OF EIGHTEEN WHO LIVES AT HOME WITH A PARENT   |
| ON SITE SECURITY IN ELDERLY HOME AREA EOP DURING SUMMER MONTHS  |
| ONLY TO EYE DOCTOR  |
| OUTREACH  |
| OUTREACH SERVICES   |
| OVERNIGHT HELP OR REIMBURSEMENTS INCLUDED FOR IT ON MEDICAID WAIVER.  |
| PEOPLE STILL NEED HELP WITH DIRECTING THEIR PLAN OF CARE BUT THEY SHOULD BE THE POINT PERSON  |
| PHONE REASSURANCE SERVICE PERSONAL PLAN THAT MEETS NEEDS OF PERSON CONSUMER DRIVEN  |
| PREVENTION SERVICES MEDICAL AND VISITING NURSES MENTAL HEALTH ADDRESS EMOTIONAL AND SOCIAL HEALTH   |
| PROVIDING MORE STAFF HOURS GROUP HOMES FOR INDIVIDUALS WITH DISABILITIES LACK OF FACILITIES TO PROVIDE SERVICES   |
| SENIOR EMPLOYMENT EXPERIENCE WORKS  |
| SIGHT PROBLEMS NOW IF IT GETS WORSE, HELP MAY BE NEEDED FOR THAT. ALSO UNABLE TO DRIVE.   |
| SINCE ALL OF THIS IS NEW TO ME AT THIS POINT I DO NOT KNOW WHETHER WE BE NEEDING ANY OF THE OTHER SERVICE   |
| SOCIAL ENTERTAINMENT TRANSPORTATION LOKATA LANGUAGE TRANSLATOR  |
| SOMEONE TO COME AND CUT MY TOE NAILS  |
| SOMEONE WHO WOULD READ SEW BUTTONS SOMEONE TO CLEAN AND MOW YARDS   |
| TAX RELIEF SALES TAX AND REAL ESTATE TAXES  |
| TBI EMPLOYMENT ASSISTANCE, NON-MEDICAL TRANSPORTATION ADDED BACK TO SPED.   |
| THE LIVING PLACE HAS TO ALL BE ON ONE FLOOR NO STAIRS HELP US TO BUILD A ASSISTED LIVING BUILDING ON FORT BERTHOLD  |
| THE MOST IMPORTANT FOR US (ELDERLY COUPLE) NOW THAT WE DON'T HAVE CHORE SERVICES AND MEDICATION MGT & ADMINISTRATION WHILE WE HAVE MOST OF OTHER SERVICES THAT ARE MARKED BUT LACK OF THESE 2 SERVICES ARE CAUSING US TO LOOK FOR SERVICES. |
| THERE ARE NOT ENOUGH PEOPLE AVAILABLE TO PROVIDE THESE SERVICES FOR OUR DAD WE HAVE TO HIRE PRIVATE CARE AND USE FAMILY   |
| THESE ARE ALL GOOD ISSUES & IMPORTANT!  |
| THESE THINGS AS NEEDED ONLY   |
| TO MUCH PAPERWORK   |
| TO PICK UP COMMITTEES   |
| TRANSPORTATION FOR NIGHT ACTIVITIES   |
| TRANSPORTATION FOR SOCIAL EVENTS I.E. PLAYS DANCES MOVIES REAL RELAXATION TYPE EVENTS SENIORS HAVE NEEDS FOR THREE ACTIVITIES MOST ARE NOT DRIVING ANYMORE  |
| USE SERVICES IN COMMUNITY WHEN NEEDED ASSISTED LIVING BASIC CARE SKILLED CARE   |
| WE HIRE OUR HOUSE CLEANER   |
| WE NEED MORE PERSONAL ASSISTANT CARE FOR DISABLED AND MENTALLY HANDICAPPED ACROSS RURAL AND URBAN ND  |

|  |
|--|
| WHAT NEEDS TO BE BALANCED IS COST OF CARE HOW MUCH IS TOO MUCH |
| WHO KNOWS - WHEN WE ARE HEALTHY WE DON'T KNOW THE FUTURE       |
| WOULD LIKE TO BE ABLE TO HAVE PETS IN APARTMENTS               |



## **APPENDIX B**

### **HOME AND COMMUNITY BASED SERVICES PLANNING PROJECT SURVEY**